

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Computer Readable Form (CRF)?:: No
Title:: PACKAGING SYSTEM FOR
TRANSDERMAL DRUG DELIVERY
SYSTEMS
Attorney Docket Number:: NOPH/120/JGK
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 2
Small Entity?:: Yes
Petition Included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David P.
Family Name::	KANIOS
City of Residence::	Miami
State or Province of Residence::	Florida

Country of Residence:: US
Street of mailing address:: 17523 S.W. 85 Avenue
City of mailing address:: Miami
State or Province of mailing address:: FL
Postal or Zip Code of mailing address:: 33157

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Juan A.
Family Name:: MANTELLE
City of Residence:: Miami
State or Province of Residence:: Florida
Country of Residence:: US
Street of mailing address:: 10821 S.W. 92 Avenue
City of mailing address:: Miami
State or Province of mailing address:: FL
Postal or Zip Code of mailing address:: 33176

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Paul
Family Name:: JOHNSON
City of Residence:: Miami
State or Province of Residence:: Florida
Country of Residence:: US
Street of mailing address:: 2315 S.W. 27 Lane

2025 RELEASE UNDER E.O. 14176

City of mailing address::	Miami
State or Province of mailing address::	FL
Postal or Zip Code of mailing address::	33133
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Chensheng
Family Name::	LI
City of Residence::	Miami
State or Province of Residence::	Florida
Country of Residence::	US
Street of mailing address::	14465 S.W. 139 Avenue
City of mailing address::	Miami
State or Province of mailing address::	FL
Postal or Zip Code of mailing address::	33186

Correspondence Information

Name::	Noven Pharmaceuticals, Inc. Jay G. Kolman, Esq.
Street of mailing address::	11960 S.W. 144 Street
City of mailing address::	Miami
State or Province of mailing address::	FL
Country of mailing address::	US

Postal or Zip Code of mailing

address:: 33186
Phone number:: (305) 253-5099
Fax number:: (305) 251-1887
E-Mail address:: jkolman@noven.com

Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	43,727	JAY G. KOLMAN

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/285,976	04/23/01

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: NOVEN PHARMACEUTICALS, INC.